

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-1902.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be reimbursement of \$17,645.00 for dates of service commencing on 07/11/01 and extending through 08/16/01.
- b. The request was received on 07/18/02

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/16/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/19/02. The response from the insurance carrier was date stamped received in the Division on 09/04/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

**III. PARTIES' POSITIONS**

1. Requestor: Letter dated 05/30/02

“(Claimant) attended the Pain Management Program from July 11, 2001 to August 16, 2001. (Carrier) preauthorized these services per their letters on July 5, 2001 and July 26,

2001. ...The dates of service on July 30 to August 3, 2001 were already paid. The unpaid claims on July 11-27 and August 6-16, 2001 were denied because these were 'unnecessary treatment with peer review'. These were resubmitted on March 22, 2002 but until now, we have not received any payment."

2. Respondent: The response was not timely and consequently not eligible for review.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 07/18/01 and extending through 08/16/01. The request for medical dispute resolution was received on 07/18/02. Dates of service, 07/11/01, 07/12/01 and 07/13/01 are out of jurisdiction for review and their amounts subtracted from the Requestor's Table of Disputed Services (\$1,080.00 x 3 = \$3,240.00).
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$14,405.00 for services rendered on the remaining dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the remaining dates in dispute.
5. Per the Requestor's Table of Disputed Services, the remaining amount in dispute is \$14,405.00 for services rendered on the remaining dates in dispute.
6. The Requestor did not bill using modifier "AP", indicating they are not CARF accredited.
7. The Carrier's EOB deny reimbursement as "V Unnecessary treatment (with peer review)".
8. The Requestor has submitted a hard copy of the Carrier's preauthorization approval issued 07/05/01. The approval states, "...**Based on Physical Medicine review, this reconsideration determination is being overturned and is now recommended for pre-Authorization for 10 days (80 hours) as of 7/5/01 and to be completed by 7/27/01. ...Reviewed updated clinical documentation dated 6/29/01 which clearly stated that (Claimant) did undergo an Arthrograph of her hand which surgery will not help, has participated in a work hardening program and injections. Conservative care has been exhausted and continues with pain. This additional information substantiates the appropriateness for this request. Upon completion of the 10 days, will review the progress report to substantiate the appropriateness for continued treatment.**"
9. A second preauthorization from the Carrier was also submitted. This approval, issued on 07/26/01 states, "...**Based on Physician peer, Recommend Pre-Authorization for the**

**requested program of 10 days(80 hours)... Clinical documentation, reduction in medication and progress with pain issues substantiate the continued program.”**

## **V. RATIONALE**

Medical Review Division's rationale:

Based on Commission Rule 133.307(d) (1) (2), the request for medical dispute resolution was received on 07/18/02. Dates of service, 07/11/01, 07/12/01 and 07/13/01 are out of jurisdiction for review.

Pursuant to TWCC Rule 133.301, “The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization...” The Requestor has provided a hard copy of preauthorization approval, dated 07/05/01 and an extension dated 07/26/01 of CPT Code 97799 CP rendered on dates of service, 07/18/01, 07/19/01, 07/20/01, 07/24/01, 07/25/01, 07/26/01, 07/27/01, 08/06/01, 08/09/01, 08/10/01, 08/14/01, 08/15/01, and 08/16/01. Therefore, Requestor has met the requirement for reimbursement in accordance with the MFG; MGR (A) (9) (b); TWCC Rule 133.301 (a); and the CPT Descriptor. Reimbursement of **\$11,124.00** (1,080.00 x 12 dates of service = \$12,960.00 plus the reduced billing amount of \$945.00 for date 08/16/01 = \$13,905.00 – 20% Non CARF reduction = \$11,124.00) is recommended.

The Requestor has ask for reimbursement in the amount of \$500.00 (100 x 5 = \$500) for CPT Code 99082 billed on 08/06/01, 08/09/01, 08/10/01, 08/15/01 and 08/16/02. TWCC Rule 134.6 states, an **injured worker** is entitled to reimbursement when it becomes reasonable and necessary to travel over 20 miles one-way. The rule does not allow for a healthcare provider to be reimbursed for a patient’s travel expense. Also, the HCP has failed to submit **any documentation** to support the services billed; therefore, **no** reimbursement is recommended.

The above Findings and Decision are hereby issued this 18<sup>th</sup> day of December 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt

## **VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$11,124.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18<sup>th</sup> day of December 2002.

David Martinez  
Manager - Medical Review Division  
DM/dt